

Case Number:	CM13-0040383		
Date Assigned:	12/20/2013	Date of Injury:	03/19/2012
Decision Date:	02/11/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Rhode Island. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The beneficiary is a 58 year old female with a date of injury to her right knee at work on 3/19/12. She has had pain in the knee with MRI revealing meniscal tear and osteoarthritis. She had a meniscectomy and synovectomy on the right knee. She has also received a course of physical therapy, brace and recently viscosupplement injections to the knee. She has no history of NSAID intolerance, no PUD, no GI bleed and no history of cardiac or renal risk factors. The exam shows decreased ROM and effusion. Stability is intact. It is unclear if the beneficiary has a trial of NSAID such as ibuprofen or naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Duexis 800-26.6mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Duexis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-68.

Decision rationale: The beneficiary has osteoarthritis of the knee and meniscal tear since 3/2012. She has had surgery and PT and synovial injection. The beneficiary seeks the use of

Duexis. Duexis is a combination drug of Ibuprofen 800 mg and Famotidine. The beneficiary has not demonstrated an intolerance to ibuprofen by itself. There is no evidence for increased risk for GI bleed in this beneficiary. With increased risk there may be an indication for adding an H2 blocker or PPI for GI protection. There is no such evidence in this case. In addition the use of this combination medication has no advantage over separate use of the medication. The use of Duexis is medically not necessary. I refer to above MTUS guidelines in my decision.